EMERGENCY MEDICAL DISPATCH CERTIFICATION GUIDELINES

A. All current and future personnel employed in the positions of dispatcher or dispatch management are required to obtain Emergency Medical Dispatcher (EMD) certification with the National Academy of Emergency Medical Dispatch (NAEMD).

B. Springdale Fire Department will provide the necessary training and retraining opportunities to facilitate acquisition of this qualification.

C. In the event that an employee does not pass the certification examination on the first attempt, they will be provided with supportive training based on feedback received from the NAEMD regarding areas of poor performance. Retesting will then be performed.

D. Should the employee still be unsuccessful in passing the retest, administration will determine remediation or termination needs.

EMERGENCY MEDICAL DISPATCH RE-CERTIFICATION GUIDELINES

A. Dispatchers are required to maintain current EMD certification mandated by the NAEMD. This currently requires completion of a minimum of twenty-four hours of continuing dispatch education (CDE) per two-year period, achieving a pass mark in an open book EMD examination at two-year intervals, and maintaining current health care cardiopulmonary resuscitation (CPR) certification.

B. SFD will provide all necessary opportunities for completion of the CDE requirement and CPR recertification.

NEW HIRE AMPDS TRAINING POLICY

The purpose of this policy is to ensure that all dispatchers have the necessary training to operate within the limits of the Advanced Medical Priority Dispatch System (AMPDS) with evidence as certification by the NAEMD to provide safe and efficient medical care to callers.

I. Initial Training

A. EMD certification must be obtained from a recognized EMD instructor by the NAEMD within four months of being hired.

II. Incremental Complaince

A. Springdale Fire Department recognizes the necessity of time involved in learning the AMPDS; therefore, an incremental compliance policy is in place based on length of time after initial training.

1. Within two month of initial training each EMD must attain a >70% compliance score.

2. Within four months of initial training each EMD must attain a >80% compliance score.

3. Within six months of initial training each EMD must attain and maintain an overall compliance score greater than or equal to the levels needed for accreditation with the NAEMD.

B. Failure to meet the requirements of this compliance procedure will be addressed by the Communications Manager. All dispatchers must realize that compliance with the AMPDS protocols is a job requirement. Non-compliance performance may result in remedial training, disciplinary action, or termination of employment.

C. This policy does not exclude the need for immediate action when considering individual cases of gross negligence and / or gross improper behavior, or cases of persistent failure to apply the AMPDS protocol, nor does it exclude any other existing disciplinary

process.

NON-EMD QUALIFIED CALLTAKING PROCEDURES

The purpose of the guideline is to standardized call-taking procedures by non-EMD qualified dispatchers in order to serve people in need during high-demand hours in the communications center.

I. Seven-digit Emergency Calls

A. Occasionally an emergency call may come in on a seven-digit phone line from a citizen or another agency.

B. The non-EMD qualified call taker should do the following procedure:

1. Answer the seven-digit fire line, “Springdale Fire and Ambulance”

2. If the call is not an emergency, politely place the caller on hold for the next available EMD.

3. If the call is an emergency:

i. Obtain the address of the incident (emergency).

ii. Confirm a call back number.

iii. Obtain a chief complaint and as much information on patient condition as possible.

iv. Advise dispatcher immediately of the incident.

v. In the case that the caller needs emergency instructions before an ambulance arrives, advise the caller to stay on the line and immediately get an EMD to take over the call.

NON-EMD QUALIFIED CALLTAKING PROCEDURES

II. 911 Line Calls

A. Both landline and cellular 911 calls must be answered.

B. If the call is from a landline, confirm the address and phone number given on the ALI screen with verbal questioning of the caller and follow the instructions on page 3.

C. If the call is from a cellular phone, you must confirm location and phone number with the caller. Follow the instructions on page 3.

When in doubt whether to give emergency instructions, follow the scripts in the EMD cardsets until an EMD can take over the call. It is always better to provide the help and err on the side of the patient.

MEDICAL PRIORITY DISPATCH IMPLEMENTATION POLICY

Emergency call receipt and dispatch will be provided in a standardized manner following approved Medical Priority Dispatch System (MPDS) protocols for caller interrogation, determination of appropriate response category, and provision of post-dispatch and pre-arrival instructions.

The purpose of this policy is to provide all Emergency Medical Dispatchers (EMDs) with the necessary tools and skills relating to the safe and effective provision of Emergency Medical Dispatch services including interrogation of the caller, sending an appropriate response, providing telephone assistance, and communicating necessary information to ambulance personnel and other responders.

I. Medical Priority Dispatch Protocol System

A. A flip chart card system or computer based system containing protocols for Emergency Medical Dispatch will be provided for each call-taking and dispatch position on the fire side.

B. This protocol system will provide standardized key questions, post-dispatch instructions, pre-arrival instructions, and response-based determinant codes.

C. The MPDS flip chart will be kept on the console at all times unless a computerized version is in use.

D. The MPDS has been approved by management of the Springdale Fire and Police Departments.

E. The MPDS will be used for all incoming emergency medical calls.

MEDICAL PRIORITY DISPATCH IMPLEMENTATION POLICY

II. Interrogation

A. The EMD will ask the following questions of the caller unless otherwise shunted by the protocol:

1. What's the address of the emergency?
2. What's the phone number you're calling from?
3. Okay, tell me exactly what happened?
4. How old is s/he?
5. Is s/he awake?
6. Is s/he breathing?

B. All attempts to obtain Case Entry and Key Questions information from the caller will be made by using good communication techniques and reading the questions exactly as written in the protocol.

1. If the initial scripted question is not understood, or an appropriate answer is not initially provided by the caller, the EMD may re-phrase the question without changing the meaning.

2. Questions may only be omitted if the answer is obvious or has already been clearly provided.

3. EMDs may alter the tense of questions to the first person in the event that the caller is the patient.

4. Status of consciousness and breathing, including “alertness” and “ability to talk”, is considered obvious when the caller is the patient.

5. For callers that speak a language other than English, call takers should attempt to connect the caller to the AT&T Language Line.

MEDICAL PRIORITY DISPATCH IMPLEMENTATION POLICY

III. Response Category

A. The AMPDS interrogation protocols will be used to select and enter the correct MPDS determinant code in the appropriate field of the CAD call.

IV. Relay Of Information To Responding Units

A. For an Echo determinant, the units will be dispatched as directed from Case Entry. For determinant levels other than Echo, the units will be dispatched after key questioning is complete. Dispatching of units should take place after reading a. ("I'm sending the paramedics to help you now. Stay on the line and I'll tell you exactly what to do next.) on the Post-Dispatch Instructions (PDIs).

B. The following is information to be passed to all responding personnel:

1. Location of incident
2. Age of patient
3. Chief complaint
4. Status of consciousness
5. Status of breathing

C. Should additional pertinent information become available to dispatchers after responders have been mobilized but prior to arrival on scene, this should be passed on to responding personnel. Additional information may be realized as a result in a change in the patient's condition during administration of PDIs and Pre-Arrival Instructions (PAIs) or after a second call has been received with further pertinent information.

MEDICAL PRIORITY DISPATCH IMPLEMENTATION POLICY

V. Post-Dispatch Instructions

A. The EMD will refer to the Post-Dispatch Instructions list for the selected Chief Complaint, after the dispatch of responding units has been initiated. The EMD giving PDIs will follow the protocol, giving instructions appropriate to each individual call, and avoiding free-lance information unless it enhances and does not replace the written protocol.

B. PDIs shall be provided to the caller whenever possible and appropriate.

C. Should the workload of the dispatch center require it (i.e. as result of unanswered 911 calls) the EMD will apply the "Emergency Rule" and temporarily suspend the provision of PDIs to callers at this time. This is vital in order to ensure the safe and effective operation of the dispatch center for all individuals requiring its services. Should unanswered 911 calls or other vital operations require it, EMDs should place callers receiving PDIs on hold, giving a reason for the necessity of doing so and advising the caller that they will return to them as soon as possible.

MEDICAL PRIORITY DISPATCH IMPLEMENTATION POLICY

VI. Pre-Arrival Instructions

A. PAIs shall be provided directly from the scripted text listed on each PAI card. The EMD giving PAIs will follow the script, avoiding free-lance information, unless it enhances and does not replace the written protocol scripts.

B. Pre-Arrival Information shall be provided to the caller whenever possible and appropriate to do so.

C. Emergency Rule Provision is documented as a separate policy.

TELEPHONE TECHNIQUE

The purpose of this guideline is to provide all EMDs with a standardized method for establishing and maintaining control of the data gathering and interrogation process during the receipt of emergency calls. Professional EMDs are expected to do their best to accurately gather all appropriate information and give PDIs and PAIs when possible, appropriate, and necessary.

I. Initial Receipt Of An Emergency Call

A. Answer 911 lines by saying, “Springdale 911, what's the address of the emergency?”

B. The second question to be asked is "What's the phone number you're calling from?"

II. Confirmation Of Location

A. Verify the address of the emergency and the phone number of the caller. Verification is not necessary if the call is received on an E911 landline and the ANI/ALI information matches what is provided by the caller.

B. Actively compare the address and phone number of the incident against the E911 screen to make sure they match. If they do not match, verify the exact location of the emergency. Verification of address and phone number is done by having the caller repeat the information.

C. Document the address and phone number correctly in the CAD call.

III. Obtaining The Nature Of the Emergency

A. Ask the caller "Okay, tell me exactly what happened?"

B. If the caller starts to give you a long medical history, rephrase and repeat the question as "What is the problem now? What is happening now?"

C. If the caller's response does not enable you to select a chief complaint card, seek clarification of the chief complaint they gave you, if possible.

D. If you are still unable to identify a chief complaint, select card 26 (for second party callers) or card 32 (for third party callers), in order to rule out priority symptoms.

E. If the Chief Complaint includes scene safety issues, choose the protocol that best addresses those issues. If the Chief Complaint involves trauma, use the protocol that best addresses the mechanism of injury. If the Chief Complaint appears to be medical in nature, choose the protocol that best fits the patient's foremost symptom, with priority symptoms taking precedence.

F. Ask the remaining questions on the CASE ENTRY card, in the correct order, before proceeding to the KEY QUESTIONS on the chief complaint selected.

G. Be polite but firm in attaining information from the callers in order to obtain accurate information and send an appropriate response.

IV. Chief Complaint Cards

A. Go to appropriate chief complaint card when you have gathered all Case Entry information.

B. Ask all the key questions in the order which they appear on the card by reading each question verbatim.

C. Politely but firmly focus the caller on answering all questions as your ask them. Use repetitive persistence as necessary.

V. Coping With Distressed, Hystical, Aggressive and Abusive Callers

A. It is recongnized that callers who fall into these categories present a great challenge to the EMD; however, all of these callers behave this way because they are frightened and feel they have no control of the situation. The following techniques will help to calm them but require a very professional attitude from the EMD. The call taker MUST NOT let the caller's behavior affect their behavior.

TELEPHONE TECHNIQUE

B. Remain calm and courteous at all times. This is regardless of how the caller behaves, or what s/he says or does.

C. Keep your voice level and even at all times. Do not shout at the caller or even raise your voice.

D. Never display irritation with the caller. Never threaten the caller.

E. Give an explanation with a motive, for everything you do or ask the caller to do, or why you need to put the caller on hold.

F. Tell the caller that the paramedics will be with them as soon as possible. Repeat this as often as necessary. Do not give an exact time when asked how long it will take for the ambulance to arrive.

G. Use the first name of children callers. This may also be helpful for hystical adults.

H. Use "repetitive persistence". This works for many abusive and aggressive callers as well as those who are hysterical. Give the caller an action followed by a reason for complying with this action. Repeat this, using exactly the same phrasing in a calm and level voice, as often as necessary until the caller listens and cooperates. Be prepared to use this technique more than once.

I. Use positive statements. Do not lie to the caller. Do not make promises that are not within your ability to keep.

J. Give the caller firm but gentle encourgement. If the caller says that nothing is working, tell them to not give up and s/he has to keep doing it until the ambulance arrives.

TELEPHONE TECHNIQUE

VI. Pre-Arrival Instructions

A. DO NOT ASK FOR PERMISSION TO GIVE PRE-ARRIVAL INSTRUCTIONS.

B. If the caller refuses to follow PAIs, say, "The ambulance will be with you as soon as possible, but this is important to give the patient the best possible chance until it arrives."

C. If the caller still refuses to administer aid, ask if there is someone else you can speak to.

VII. Third Party Calls

A. Do not assume that third party callers know nothing, even if they say they know nothing.

B. Always ask all Case Entry and Key Questions.

C. Always ask the caller if they can find out the information or render aid. If they can, give PDIs or PAIs as possible, appropriate and necessary.

MEDICAL PRIORITY DISPATCH CASE ENTRY COMPLIANCE POLICY

Each Emergency Medical Dispatcher answering a request for an emergency ambulance response via 911 or seven digit line, shall ask for and attempt to obtain all Case Entry level information after the location and call back number have been obtained and verified on every case. It is the intent of this policy that the Case Entry level protocol will be followed 100% of the time.

The Case Entry questions shall be asked in order and phrased as shown in the MPDS protocols. EMDs must not assume the existence of or absence of any case entry level information based on backgrouind noise or other factors that may give the impression that the patient is conscious and breathing. EMDs must not ask “Is s/he alert” with the assumption that if the caller says yes that they have accurate information regarding status of consciousness and breathing. This is an incorrect application of the protocol and can lead to serious errors.

It is recognized that a minority of callers may refuse or be unable to provide the answers to case entry questions. EMDs will not be held accountable for this, provided they have made a reasonable attempt to ask these questions initially. EMDs will have regular feedback from their supervisor and will be requested to explain and justify any errors or omissions. Springdale Fire Department expects 100% compliance on attempts to gather case entry level information. Outside agency (fourth party) referrals are the only exception to this policy. With regard to first party callers (the patient), the call taker may omit questions 5 and 6 and the answer is considered obvious.

KEY QUESTION ENHANCEMENT

Occasionaly, asking a key question as written would artificially skew the answer and therefore change the determinant level. To prevent this, the EMD may enhance those key questions that may produce this confusion. Dispatchers will only be allowed to make these enhancements when the caller voluntarily provides information that would alter the question as written. For example, a caller tells the EMD that the patient has COPD and is having chest pain. In this scenario, if the EMD were to ask question 2 from Protocol 10 as written (is s/he breathing normally), the answer would be skewed as this patient would rarely breath normally. To enhance this, the key question reagarding to breathing normally might be read like this: Is s/he breathing normally for her/him?

This guideline is meant to assist the EMD in enhancing the key question process with information spontaneously provided by callers in limited situations. All EMDs are reminded that all key questions should be read as written whenever possible and that any enhancement used cannot change the intent of the written question. Any EMD using enhancements without the above listed criteria will be graded as asking the question incorrectly.

LANGUAGE TRANSLATION

If no EMD with the necessary language skills is available, and the caller is unable to understand and/or converse in the English language, then the dispatcher shall attempt to connect the caller to Language Line to properly interrogate the caller.

INTERROGATION OF THIRD – PARTY CALLERS

PROCEDURE

1. Process

A. All EMDs should be familiar with when it is appropriate to alter the key questions to make them relevant to third-party callers. Interrogations that have been inappropriately altered will be scored accordingly.

B. When possible and safe to do so, the EMD should try to convert third-party callers into second- party callers.

2. Operating Procedure

A. Whenever a caller provides the EMD with a specific chief complaint (i.e. Chest Pain, Seizures, Diabetic Problem) but is not with the patient, the EMD will continue with the complete interrogation of the caller using the identified chief complaint protocol.

B. The EMD shall be allowed to change the verbiage in such a way the caller understands that the EMD knows they may not know specific information about the patient. The following are some examples:
"Did they mention if he has had more than one seizure now?"
"Do you know if she is a diabetic?"

C. If the caller has contact with individuals with or near the patient, the EMD should give appropriate PDIs for this case, especially to call back if they find out more information or if the condition worsens or changes.

D. Always err on the side of the patient

POISON CONTROL REFERRALS

1. Inclusion Criteria

A. The EMD may transfer a caller or patient to Poison Control in the case of 23 Omega 1 (poisoning without priority symptoms) using the Medical Priority Dispatch System or as approved by the Fire Chief and Medical Director. This level of response will be designated after completion of Case Entry and all Key Questions.

B. If the caller or patient indicates the incident is an accidental ingestion and the patient has no priority symptoms, the call may be released to Poison Control. If a caller calls on an administration line requesting information only, but does not want an EMS response, the EMD may route the caller to Poison Control. The patient has the right to request an EMS response at any time.

2. Exclusion Criteria

A. If the caller or patient indicates the episode was an intentional act or overdose as described in the MPDS, this call shall not be released to Poison Control.

B. If, during interrogation by the EMD, the caller requests an EMS response, the call will not be routed to Poison Control. The level of response will be designated after completion of all Key Questions.

C. If the patient has a “Priority Symptom” as defined by the MPDS process, the call may not be routed to Poison Control at any time.

D. If Poison Control is unable to determine if home care is appropriate in less than two minutes, an EMS response will be initiated.

E. If a connection to Poison Control is unsuccessful due to technical malfunction, an EMS response will be initiated. Responding units should be advised why they have been dispatched.

EMD PROTOCOL 33

1. Operating Procedure

A. Use this protocol only when taking calls from a **medical care facility** that have been **made as the result of an evaluation by a nurse or doctor.** If the answer to question 1 is no, shunt to the appropriate card.

B. If the problem is **chest pain in an adult,** inquire whether a myocardial infarction (coronary) is a possiblity.

C. **Do not hesitate to use Protocols 1-32** when any question exists about the patient's care environment.

D. This protocol is for patients who are currently being **cared for by medical professionals** and require additional care, diagnostics, or reevaluation at a different medical facility.

E. Only quesitons 1 through 5 shall be asked using card 33. Questions 6 through 11 are to be excluded. This is per our local Medical Control, Dr. Mark Rucker.

F. Post-Dispatch Instructions A and C are the only appropriate PDIs for our dispatch center. Do not use a case exit card.

EMERGENCY RULE and DLS Downgrades

The purpose of this policy is to identify those situations that occur in the Dispatch Center in which the "Emergency Rule" or Dispatch Life Support (DLS) downgrades may be properly applied. This document will guide all EMDs and supervisors as to what situations will exist before the DLS downgrade mode of the Emergency Rule is enacted within our center.

When deciding whether or not a downgraded mode can apply in a given situation, at least one of the following criteria must exist:

1. To provide extensive DLS would pull the EMD away from radio duties putting firefighters or paramedics unnecessarily at risk.

2. To provide extensive DLS would unnecessarily delay answering incoming 911 calls (should be answered witin three rings).

3. The sheer number of incoming 911 calls prohibits appropraite DLS from being provided to all callers.

When a downgraded mode is enacted, an abbreviated form of EMD services will be applied as follows:

1. A full interrogation process, including Case Entry and Key Questions, will be completed in all cases.

2. Only those PDI's considered mandatory and required to meet minimum expectations will be delivered.

When deciding whether or not the emergency rule applies, conditions must exist that would prohibit our center from providing any EMD activities outside confirming location, phone number, and nature type. These situations would have to be extreme and may include:

1. Natural disaster that occurs within our response area.
2. Political unrest or terrorist actions.

EMERGENCY RULE and DLS Downgrades

DLS downgraded mode or Emergency Rule is not to be enacted for routine situations. It is intended for use during intense call-volume periods or situations that overwhelm capabilities. When enacted or when time and call-volume allows, details of the situation producing the emergency rule must be documented in CAD incident narrative for documentation purposes.

The National Academy of Emergency Medical Dispatch (NAEMD) defines the emergency rule within their curriculum as follows:

A person who is confronted with an emergency is not held to the same standard of conduct normally applied to one who is in no such situation.

According to the Principles of Emergency Medical Dispatch textbook:

Even public safety professionals, who are trained to handle emergencies, can encounter a demanding mix of situations that, together, are beyond their reasonable capabilities to perform.

PRESS RELEASE INFORMATION

In an effort to assist the media in reporting accurate news, the senior dispatcher or the designate may release the following information:

1. Type of incidents except for medical emergencies
2. Location of incidents
3. How many units are on scene

The person releasing the information shall not release patient name(s) and condition.